



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

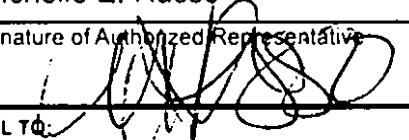
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2024

26917⁰²

1. Entity ID Number 164834		2. Exact name of the Corporation Russo Neuromuscular Treatment, Inc.			
3. Principal Office Address 189 Hudson Pond Road		City West Greenwich		State RI	Zip 02817
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island A certified, licensed massage therapist business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michelle E. Russo			Vice-President Name Michelle E. Russo		
Street Address 189 Hudson Pond Road			Street Address 189 Hudson Pond Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Michelle E. Russo			Treasurer Name Michelle E. Russo		
Street Address 189 Hudson Pond Road			Street Address 189 Hudson Pond Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
none		common		no par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Michelle E. Russo					Date 1/30/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov